

Maine State Harness Racing Commission

28 State House Station Augusta, Maine 04333-0028

Phone: 207-287-3221 Fax: 207-287-7548



STABLE LICENSE APPLICATION

Applications must be printed or typed inblue or black ink. All questions must be answered.

In making this application for license or to otherwise participate in racing in the State of Maine, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial source, friends and neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, which may be applicable. You have the right to make a written request, within a reasonable period of time, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Check the TYPE of Request: New Lic					ense License Renewal						
Section 1. Applicant In	forma	ition			ı						
USTA Membership No.:	 				Expiration Date:			Date:			
Trainer Type:	G	L		T		ı	1		T		Г
Nature of entity applying:	Corp	orate		Partner	rship		Ltd. Partr	nr.	Syndicate		Other
Horses are to be raced in the	name	:									
Applicant Name:											
Principal Address:											
City:	State: Zip:										
Home Phone:	e Phone:					Fax	•				
Work Phone: Email:											
Answer Y (Yes) or N (No) a	nd prov	vide corre	spond	ling deta	il where	е аррі	ropriate:				
Are you registered in anoth	ner state	e?									
Where (State)? Date:											
Have you previously been	denied	a registrati	on?								
Where (State)?								Date:			
Have any of the applicants	(or per	sons involv	ed wit	th applica	tion) ev	er bee	n suspende	ed, denied a	a license or ruled o	ff by th	nis or any
other harness racing comn	nission (or gove rnir	ng bod	y?							
Where (State)?								Date:			
Detail:											
Have any of the applicants	(or per	sons involv	ed wi	th applica	ition) ev	er bee	n convicted	of a crime	?		
For each conviction describe the disposition must be attace and will not be processed.											
Are you a defendant in a c	ivil actic	on pending	in the	State of N	Maine re	egardir	ng nonpaym	nent of bills	s?		
Are there any unpaid civil judgments against you?											
If YES, provide detail:											
Who is your trainer?											
List of horses to be raced in (P) in appropriate space. If le lease agreement(s) with app	eased,	you must									
Horse's Name	1		na (l í	essor/Se	allar)			Address	(Lessor /Seller)		P/L
	+	INGI	iie (L					Address	(Lessoi /Gellei)		1 / L
1.											
2.											
3.											
4.											
5.											
All winnings to be credited to): 				Lice	ense N	No.:		TIN/SSN:		
ALI	L COR	PORATE	APP	LICANTS	S must	com	plete the f	following	section.		
Corporate Name:											
Date of Incorporation:					Р	lace c	of Incorpora	ation:			
Stock Description:					1						
Bank Conducting Business:											
Bank Address:											
Bank Telephone:											
Dank releptione.	1										

ownership appli licensed in conne In case of a corpo	cant must be attached to ection with this application borate applicant, all corporate be disclosed and licensed	o the application. If the the substitution is the substitution of the	Full disclosure must be magulations of the Maine State of the Board of Directors,	agreement for any multiple ade of all individuals required to be ate Harness Racing Commission. managers and stockholders having nbership, all owners and managers				
Name:		Addres	SS:					
USTA Lic. No.:	SS#:	DOB:	Title:	% of Ownership:				
Name:		Addres	 SS:					
USTA Lic. No.:	 SS#:	DOB:	Title:	% of Ownership:				
Name:		Addres						
USTA Lic. No.:	 SS#:	DOB:	Title:	% of Ownership:				
Name:								
	00"			0/ of Over a ratio				
USTA Lic. No.:	SS#:	DOB:	Title:	% of Ownership:				
Name:		Addres	SS:					
USTA Lic. No.:	SS#:	DOB:	Title:	% of Ownership:				
	e, Title of Corresponding O d personally appeared befo		·	ng Officer Signature ed herein is, to the best of his/her				
	Date		Notary Public Signature					
Section 2: Fee	2S							
	ar Registration es must accompany applica	tion. Checks must be	e made payable to: Treas Total of ALL L	surer, State of Maine icense Fees:				
NOTICE: Any false written statements made by the undersigned, with the intent to deceive a public servant in the performance of his or her official duties, may expose the undersigned to criminal liabilities under 17-A MRSA 453 1.B. (1).								
		OFFICE US	SE ONLY					
Date Received:			Comments:					
Date Reviewed:								
Reviewed By:	Annual Deiget	Datumand						
Application: Date Returned:	Approved Rejecte	ed Returned						
Current License #								
Expiration Date:								
Method of Payment:								
Check #								
Cash Receipt #								
Credit Card #								
Credit Type:	MC	VISA						
Expiration Date:								